

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS AUG 17 1960

60-032925

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7660 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>ST. LOUIS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5950 A Hamilton Terr.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5950 A HAMILTON Terr.</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First: <u>Richard</u> Middle: <u>STeward</u> Last: <u>STeward</u>			4. DATE OF DEATH Month: <u>7</u> Day: <u>29</u> Year: <u>60</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/15/1855</u>	9. AGE (last birthday) <u>105</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Beatrice Turner, 5950 A Hamilton Terr.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis; Heart Dis.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1960 to 7-28-60 and last saw her/him alive on 7-28-60  
Death occurred at 7-1-60 4:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
James M. Smith, M.D.

22b. ADDRESS  
916 A. W. TAYLOR.

22c. DATE SIGNED  
8-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
8/5/60

23c. NAME OF CEMETERY OR CREMATORY  
OAKDALE CEMETERY ST. LOUIS CO., MO

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR  
W. ROBINSON & SONS, 2911 FRANKLIN AVE

25. DATE RECD. BY LOCAL REG.  
AUG 3 1960

26. REGISTRAR'S SIGNATURE  
Earl Smith, M.D.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. 332 working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene Miles

1212 Vine St.  
Kansas City, Mo.

Licensed Embalmer No. 362

P. O. Address 2846 Pa  
4.m.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.